

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09784051	FILING DATE 02/22/01				
							APPLICANT(S)					
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13							63					
14							64					
15							65					
16							66					
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18							68					
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24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
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33							83					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	11						TOTAL DEP.					
TOTAL CLAIMS	12						TOTAL CLAIMS					